



**CITY OF MIDDLETOWN
RECREATION AND COMMUNITY SERVICES DEPARTMENT
PART-TIME EMPLOYEE EMERGENCY INFORMATION**

Program _____

Position as specified on Hire Letter: _____

Name: _____ Date of birth: _____._____._____

Address: _____
Street City Zip

Cell phone: _____ Home phone: _____

Email: _____@_____

Physician's name: _____ Phone: _____

List any health concerns or medications: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship _____

Address: _____
Street City Zip

Home phone: _____ Work phone: _____ Cell: _____

If first contact cannot be reached, list two people that can be called in an emergency.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____